

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. HZ531419

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | | |
|---|----------------------------|--|-----------------------------------|-----------------------|
| NAME (LAST - FIRST - M.I.) CALIXTO, MONICA M | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 4529 W WASHINGTON BLVD | | |
| STAR NO. 13690 | POSITION POLICE OFFICER | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) | |
| DATE OF APPOINTMENT 02-FEB-2015 | EMPLOYEE NO. [REDACTED] | LOCATION CODE 330-OTHER | BEAT OF OCCURRENCE 1113 | |
| UNIT OF ASSIGNMENT 011 | BEAT/CALL NO. 1133R | DATE OF OCCURRENCE 27-NOV-2016 | TIME 23:35:00 | DAY OF WEEK SUNDAY |
| SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F | RACE WHITE HISPANIC | DOB [REDACTED] | NO. OF OFFICERS BATTERED <u>5</u> | |
| HEIGHT 502 | WEIGHT 135 | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>5</u> | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ | | WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER | | |
| <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | | | |
| TYPE OF ACTIVITY | | | | |
| <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/12-3.05-E-1-AGG BATTERY/DISCHARGE FIREARM | | | | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ | | IUCR CODE <u>HANDGUN</u> BATTERY - AGGRAVATED: (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN (Check all that apply): <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | | |
| OFFENDER INFORMATION | | | | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE BLACK | DOB 18-DEC-1982 | | |
| CB NO. _____ | | IR NO. _____ | | |
| TYPE OF INJURY TO OFFICER | | | | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | | | |
| WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? | | | | |
| <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN | | | | |
| NO. OF OFFENDERS PRESENT? <u>1</u> | | | | |
| WEATHER CONDITIONS | | | | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND | | |
| APPROXIMATE OUTDOOR TEMPERATURE: <u>40 °F</u> | | | | |

-

LOG # 1083171 U# 6-24

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED 25

REPORTING MEMBER - SIGNATURE
CALIXTO, MONICA M

STAR NO.
13690

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
BAY, ROGER J 35